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AUG 15 2005

FACSIMILE COVER SHEET

Deliver to: David E. Harvey, USPTO Art Group: 2614
Facsimile No.: (571) 273-8300 Date: August 15, 2005
From: William E. Alford, Reg. No. 37,764
Our Docket No.: 6450P004 Number of pages 15 including this sheet.
Application No.: 09/495,540 Filing Date: 2/1/2000
Docket Due Date(s): 8/18/2005

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>11</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

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Chad Gordon

8/15/2005

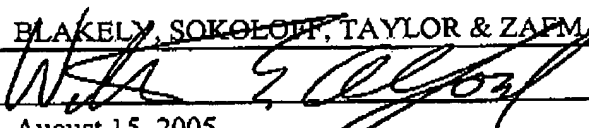
Date _____

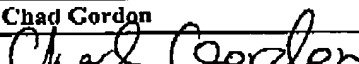
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/495,540
		Filing Date	February 1, 2000
		First Named Inventor	Vinay Agarwala
		Art Unit	2614
		Examiner Name	David E. Harvey
Total Number of Pages in This Submission	15	Attorney Docket Number	6450P004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 15, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Chad Gordon	Date	August 15, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 08/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application Number	09/495,540
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	February 1, 2000
		First Named Inventor	Vinay Agarwala
		Examiner Name	David B. Harvey
		Art Unit	2614
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Attorney Docket No.	6450P004

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
6	36*	0	\$0.00
Independent Claims	6	12*	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 100	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reseue independent claims over original patent
1205 300	2205 150	**Reseue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

*or number previously paid, if greater. For Reseues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,600	2254 795	Extension for reply within fourth month	
1255 2,140	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 150	2460 150	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1808 180	1800 100	Submission of Information Disclosure Stmt	
1809 700	1809 365	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810 710	2810 395	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764
Signature		Telephone	(714) 557-3800
		Date	08/15/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 12/15/2004
 SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application Number	09/495,540
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	February 1, 2000
		First Named Inventor	Vinay Agarwala
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Examiner Name	David E. Harvey
		Art Unit	2614
		Attorney Docket No.	6450P004

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION
1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
6	36*	50.00	\$0.00
Independent Claims	12*	200.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 350	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(d)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 750	1809 395	Filing a submission after final rejection (37 CFR § 1.120(e))	
1810 750	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
SUBTOTAL (2)		(\$)	

Other fee (specify)

Complete (if applicable)

SUBMITTED BY		Registration No.		Telephone	
Name (Print/Type)	William E. Aford	(Attorney/Agent)	37,764	(714) 557-3800	
Signature			Date	08/15/05	

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (pat 12/15/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/494,540
Reply Dated 08/15/2005
Reply to Final Office Action of 05/18/2005

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RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2614

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/495,540 Confirmation No. 4994
Applicant : Vinay Agarwala
Filed : 02/01/2000
TC/A.U. : 2614
Examiner : David E. Harvey
Title : REAL TIME PROGRAMMABLE CHROMA KEYING WITH
SHADOW GENERATION

Docket No. : 006450.P004
Customer No. : 8791

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Dear Sir:

In response to the Final Office Action mailed on 05/18/2005, please enter the following amendments and remarks in the above-identified application:

CLAIMS begin on page 2.

REMARKS begin on page 8.

CONCLUSION with signature is on page 11.

Docket No: 006450.P004

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WEA/cq